

TUKWILA POLICE DEPARTMENT

Officer Narrative

Case Number: **16-6190**
 Date: **8/28/2016**
 Officer: _____ Line _____
 In Car Video: ☐ Yes ☒ No

Case Type: **Rape 2nd**

On 8/27/2016 I was wearing my police issued uniform and driving a marked police patrol vehicle when at approximately 1551 hours I was dispatched to 12844 Military RD S for a report of a Rape.

Upon arrival I made contact with the RP, identified as [REDACTED] (one of the social workers at Cascade Behavioral), who explained that one of the nurses ([REDACTED]) earlier the morning (between the hours of 0900 and 1000) walked in on two of the patients having sex in the bathroom of room #303. [REDACTED] stated to [REDACTED] that throughout that morning she caught [REDACTED] several times haging out around [REDACTED]'s room (knocking on his door or just standing by it) trying to get [REDACTED]'s attention. Several times [REDACTED] hd to lead [REDACTED] away from [REDACTED]'s room.

[REDACTED] reported to [REDACTED] that when she walked in the victim [REDACTED] was bent over the toilet, with her hands on the toilet, and her pants down. The suspect ([REDACTED]) was standing behind [REDACTED] with his pants down. The two were separated and when asked [REDACTED] said that the act was consensual and that [REDACTED] should be checked for a baby. [REDACTED] responded that it was consensual as well.

Later that day when [REDACTED] was speaking with [REDACTED] she changed her story and claimed that [REDACTED] had forced her to have sex with him. [REDACTED] stated to [REDACTED] that [REDACTED] held her head against the wall with one of his hands and "forced himself on her." [REDACTED] stated that [REDACTED] changed her story after he explained to her that there could be repercussions for patients having sex with each other as it was against the rules.

After [REDACTED] said that she had been raped [REDACTED] called the police and [REDACTED] was taken by ambulance to Harborview Medical Center.

I went to Harborview Medical Center to speak with [REDACTED] and attempt to obtain a statement. When I arrived she stated that she had been raped; that a man (she refused to identify the man) had forced himself upon her. When I attempted to further question her and get details about the event, she stated that she did not want to give an official statement, that she did not want to speak to me anymore, and that she did not want to press charges. She then became uncooperative and would not speak to me.

Later that evening I received her medical history from Harborview Medical Center and included it in the case.

CERTIFICATION: I hereby certify (declare) under penalty of perjury under the laws of the state of Washington that this report is true and correct to the best of my knowledge and belief (RCW 9A.72.085).

	<u>LINE</u>	<u>227</u>	<u>8/28/16</u>	<u>T. Kuvila</u>
OFFICER'S SIGNATURE		BADGE #	DATE SIGNED	PLACE SIGNED

Approving Supervisor: SP1130 Date: 8-28-16

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Officer Narrative

Case Type: Rape 2nd

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Officer:	Donnelly, S
In Car Video:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

09-01-16 I received this case for review and follow-up.

I received an e-mail from [REDACTED] at UW/Harborview, HCSATS indicating that the sexual assault evidence collection kit obtained in this case was ready for pick-up. I drove to the medical building in Seattle and took possession of the kit, along with an addition kit for an unrelated case.

I submitted the kit (bar 2081176), which included a urine sample (bar 2081177) and entered it in to evidence.

In addition to the Sexual Assault evidence collection kit, I also received a copy of the medical care reports for Victim [REDACTED].

Summary:

Complainant [REDACTED], a social worker at Cascade Mental Health reported that a patient, Victim [REDACTED] 6B was raped by another patient, Suspect [REDACTED]. He indicated that Victim [REDACTED] 6B had initially stated that there was consensual sex, but changed and said that she was raped, after Complainant [REDACTED] told her that consensual sex was against the rules and could be cause for her being released from her in-patient treatment.

Witness [REDACTED], a nurse, had seen Victim [REDACTED] 6B hanging around outside Suspect [REDACTED]'s door and knocking on the door several times, and had escorted her away from the door each time.

Witness [REDACTED] noticed that after seeing Victim [REDACTED] 6B outside Suspect [REDACTED]'s door, she noticed that Victim [REDACTED] 6B was no longer outside the door and went to see where she was. Witness [REDACTED] found Victim [REDACTED] 6B inside Suspect [REDACTED]'s room and both had their pants down. It appeared as though there had been sexual activity and Suspect [REDACTED] said that Suspect [REDACTED] 6B should be checked for a baby. Both Victim [REDACTED] 6B and Suspect [REDACTED] told Witness [REDACTED] that the sex was consensual.

Victim [REDACTED] 6B agreed to be transported to Harborview Medical Center for a Sexual Assault Evaluation. At the hospital, Victim [REDACTED] 6B refused to make a police report and said that she did not want to press charges.

Officer Line contacted Victim [REDACTED] 6B at Harborview after taking the initial report from the complainant and witness.

Victim [REDACTED] 6B restated that she did not want to give a statement, did not want to identify the Suspect and did not want to press charges.

Victim [REDACTED] 6B submitted to a Sexual Assault Examination, with the exception of allowing photos to be taken.

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I obtained an NCIC III for [REDACTED]. The record indicates that he has not been charged with prior sex crimes, has no felony convictions and that DNA submission has not been required.

I am forwarding this information to the King County Prosecutor's office as an SRO.

ELODI submission confirmation received 10/07/16. PAO case 033-567945.

Case filed, felony no arrest, SRO - N

CERTIFICATION: I hereby certify (declare) under penalty of perjury under the laws of the state of Washington that this report is true and correct to the best of my knowledge and belief (RCW 9A.72.085).			
	90		TUKWILA
OFFICER'S SIGNATURE	BADGE #	DATE SIGNED	PLACE SIGNED

Approving Supervisor: [Signature] Date: 10-14-16